

# **MMSO Update on TRICARE PRIME Remote and Supplemental Health Care for Reserve Component**

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MMSO Web Site: <http://mmso.med.navy.mil>

TRICARE Prime remote: [www.tricare.osd.mil/remote](http://www.tricare.osd.mil/remote)

# *Overview*

- MMSO Mission and Functions
- MMSO, MTF, and Contractor Roles under the TPR Program
- MMSO PROCESS OVERVIEW
- MMSO Documentation Requirements

# ***Military Medical Support Office (MMSO) Mission***

- **Mission.** To directly support the provision of health care for service members enrolled in the TRICARE Prime Remote (TPR) Program and other eligible personnel through:
  - Medical and fitness for duty oversight and coordination,
  - Dental care authorizations and claims processing

# ***MMSO Functions***

- Review civilian specialty referrals for service members not managed by a military treatment facility (MTF).
- Identify the need for fitness for duty evaluations and refer to MTF.
- Track hospital admissions and assign medical management responsibilities to the appropriate MTF for unit notification and fitness for duty evaluation.

# ***MMSO Functions***

- Verify eligibility and provide authorization of medical care for Reserve and National Guard personnel.
- Process dental claims and provide pre-authorizations for civilian specialized dental care for designated military personnel. (This program does not apply to the US Coast Guard).

# ***MMSO Functions***

- Provide appeal process to resolve complaints and grievances.
- Provide 24 hour/7 days per week customer service to answer questions pertaining to MMSO functions as defined above.

# ***TRICARE PRIME Remote Service***

## ***Member Civilian Care***

- TRICARE Prime Remote (OPM 6010.49, Chap 20)
  - **Not enrolled to MTF**
  - **Must live and work 50 miles from MTF**
- Supplemental Health Care (MTF Referred) (OPM 6010.49, Chap 21)
  - **MTF-enrolled and non-MTF enrolled when MTF maintains medical management**
- Supplemental Health Care (Non-MTF Referred) (OPM 6010.49, Chapt 22)
  - **Non-enrolled service members includes NG/Reserves not listed as eligible in DEERS**

# ***TRICARE Prime Remote***

## **Purpose**

- Provide easier access to civilian health care for remotely assigned Active Duty Service Members (ADSMs)
  - Reduces hassles and separation from family
  - Improves access to medical care and claims payment
  - Assists Unit Commanders by keeping ADSMs on the job
  - Continues to ensure fitness for duty



# ***MMSO's Role in TPR/SHCP***

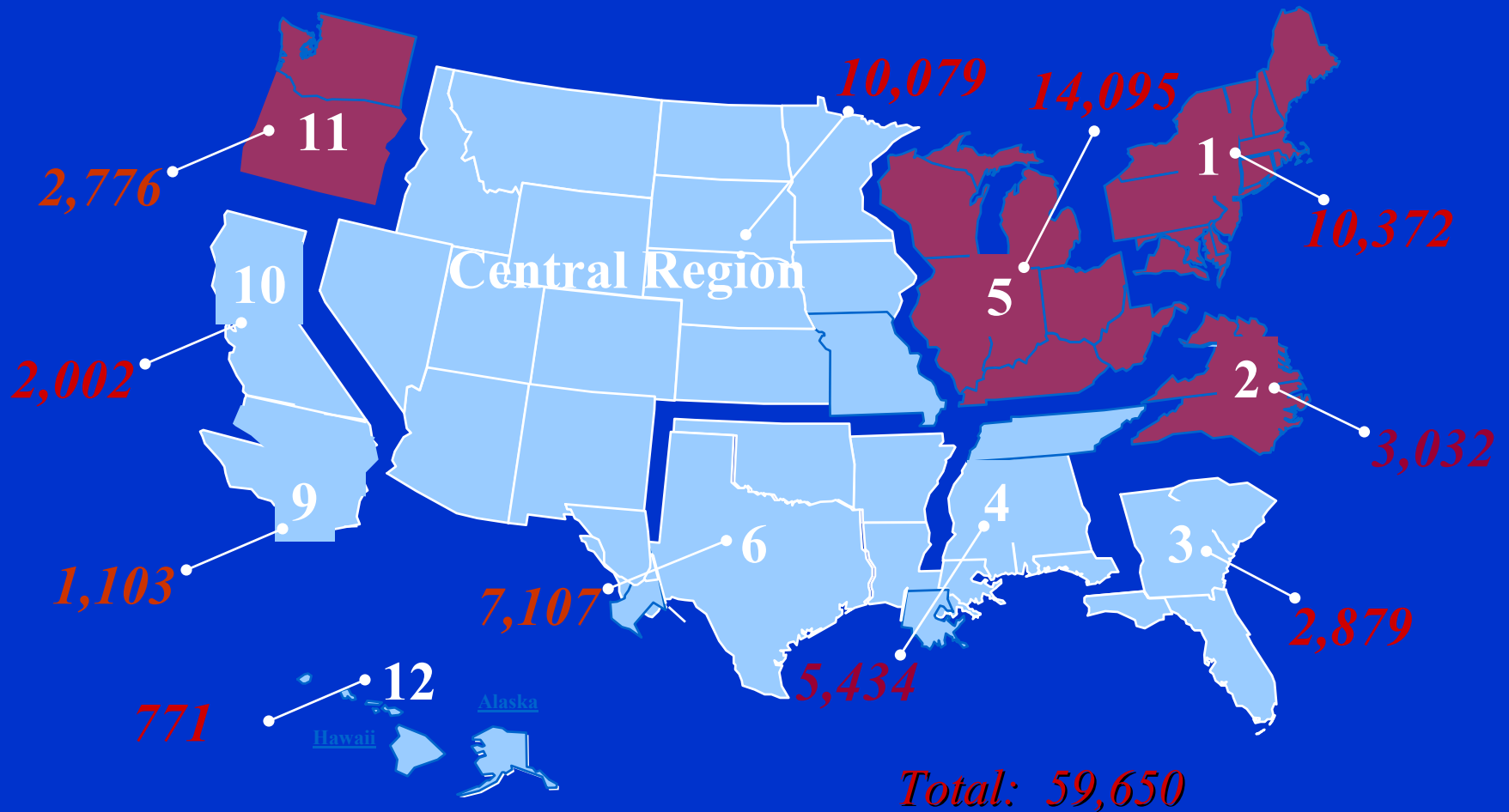
- Medical oversight of MCSC's management of TRICARE Prime Remote service members to include:
  - Referral to MTF for medical care and fitness for duty evaluations
  - Review of claims not authorized for payment by the contractor
  - Appeals by service members when referred to MTF or claims denied for noncovered services
- Direct management of nonenrolled service members under Supplemental Healthcare Program

# ***Contractor Roles under the TPR Program***

- **Health Care Finder**
  - **Specialty Care authorizations**
  - **Coordinate MMSO directed referrals to VA/MTF care**
  - **Load referrals from MMSO for service members not listed as eligible in DEERS (RES/Guard) and non-enrolled active duty service members**
- **Claims payment and answer inquiries on maximum allowable charge issues and other billing problems not related to SPOC authorization of medical care**

# TRICARE PRIME REMOTE

*Estimated Number of Active Duty Service Members in Remote Areas  
by TRICARE Region*



# ***Medical Claims Processing***

MTF or MMSO *authorizes* the TRICARE Contractor to pay medical claims for:

- **Reserve component service members listed as ineligible in DEERS**
- **Medical care exceeding the TRICARE Program's covered benefits that is needed for "fitness for duty" issues**
- **Specialty and inpatient medical care that is not preauthorized**
- **Dollar amounts in excess of TRICARE maximum allowable charge, with TMA waiver**

# ***MMSO's Coordination with Contractor's***

- **MMSO authorizes specialty or inpatient care prior to contractor paying medical claim**
- **MMSO directs the site of care (VA, MTF, Civilian) for service members not under MTF's control**
  - **Service members should not be notified of specialty or inpatient approved medical care until MMSO designates site of care**

# ***MMSO Coordination with MTF's for Hospitalized Service Members***

- MMSO notifies MTF when service member hospitalized in MTF's service area for:
  - **"fitness for duty" evaluation**
  - **Case management including clinical updates and obtaining medical documents**
  - **Imminent death disability processing**
  - **MTF notifies service member's unit of service member's hospitalization**

# ***Reserve Component***

**Reserve Component members are ineligible in the**  
***DEFENSE ENROLLMENT ELIGIBILITY***  
***REPORTING SYSTEM (DEERS)*** if on orders for 30 days  
or less

Members that reside **and** work more than 50 miles  
from a Military Treatment Facility are authorized  
medical care from civilian providers based on  
LOD determination

# *Reserve Component*

## *Process Overview*



Service member is injured while in duty status



Emergency/Urgent care obtained



*Unit* sends eligibility information to the MMSO\*



*If* service member needs additional treatment



*Unit* requests pre-auth from the MMSO



*If* service member has disqualifying condition

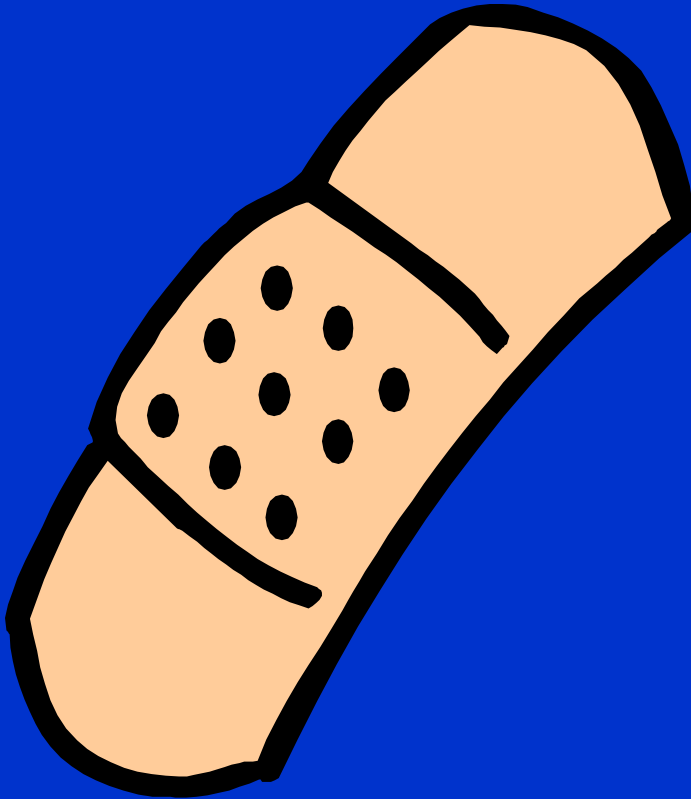


*Unit* refers service member to MTF for FFD / MEB

\* reference <http://mmso.med.navy.mil>



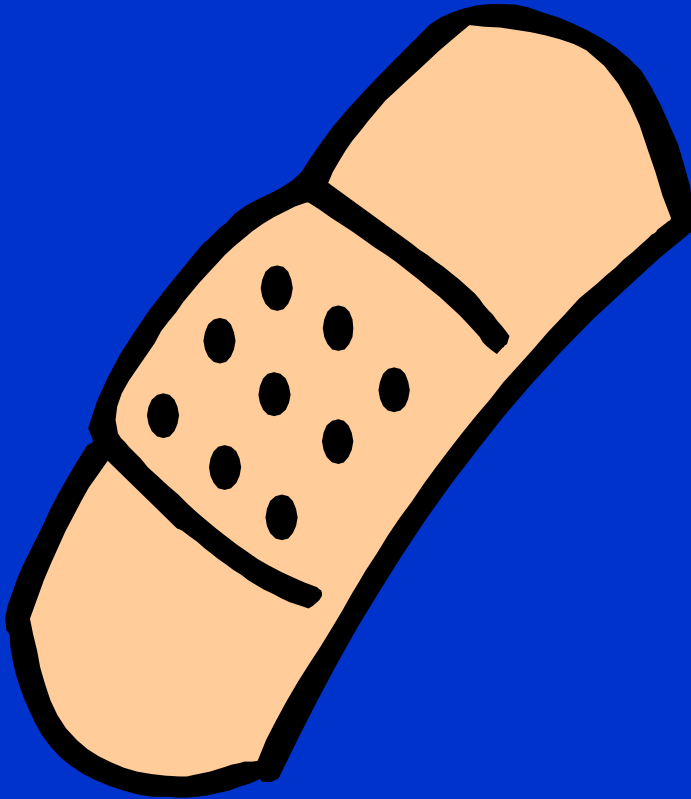
# ***EMERGENCY***



## **TRICARE DEFINITION:**

**Acute symptoms of sufficient severity that a person can reasonably expect the absence of medical attention to result in placing their health in serious jeopardy, impairment to bodily function or serious dysfunction of any bodily organ or part.**

# ***INITIAL EPISODE***



**INITIAL EPISODE *is:***

**EMERGENCY/URGENT  
*and first time the service  
member receives care for  
an injury or illness which  
occurs while in a duty  
status***

Pre-authorization is not required

The MMSO must be notified of INPATIENT  
HOSPITALIZATION to manage medical care

# Emergency Dental Care

- Pre-authorization is not required for Emergency dental treatment. Limited to:
  - Exams
  - X-rays
  - Temporary or Permanent Fillings
  - Extraction (removal) of diseased teeth
  - Other treatment to reduce pain or control infection or bleeding

# ***FOLLOW-UP CARE***



## ***FOLLOW UP CARE IS:***

*Any care given after the initial episode. Follow up and non emergent care will require at least a completed Line of Duty (LOD)/Notice of Eligibility (NOE)*

***Dental:** Extensive services may be referred to an active duty DTF for evaluation or treatment.*

***Obtain PRE-AUTHORIZATION before treatment is given***

# *To Request Medical Pre -Authorization*

- *CALL CASE MANAGEMENT **before** seeking follow-up care.*
  - *They will advise which documents need to be faxed:*
  - *LOD/NOE signed by Unit Commander or designee*
  - *MMSO Reserve Component Medical Cover Sheet*
  - *Other Medical Documents as requested*

*\*Incomplete LOD/NOE will not preclude follow-up care authorization but will preclude payment.*

# To Request Dental Pre-authorization

## **THE MEDICAL UNIT WILL:**

- Obtain exam from civilian dentist
- Send pre-authorization request to MMSO with:
  - A copy of orders/completed LOD
  - Unit Memorandum
  - A copy of the treatment plan to include cost
  - X-rays
- Request cannot be faxed
- A written reply will be sent to the unit address listed on the Memorandum sent with the request.
  - Unit must inform the dentist of the result of the pre-authorization request and schedule appt.

# **Dental Pre-authorization**

Send pre-authorization request to:

Military Medical Support Office (MMSO)

Attn: Dental Pre-authorizations

PO Box 886999

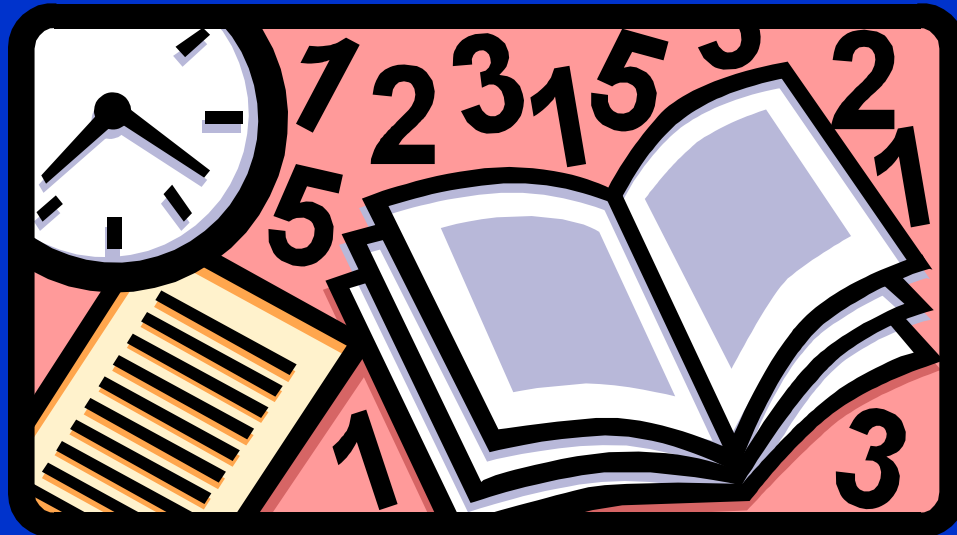
Great Lakes, IL 60088-6999

# *Helpful Hints for Pre-Auths*

- Request preauthorization BEFORE treatment
- Unit reps should coordinate with the MMSO to manage care
- Submit complete LOD/NOE
- Send all clinical information requested
- Make sure diagnosis of injury match LOD
- Initiate “fitness for duty” review for condition over 3 months
- Do not request authorization for non-covered care



# DOCUMENTATION



# *To Submit Claim for INITIAL EPISODE*

Submit the following documents to the MMSO:

- Orders or attendance record
- MMSO *Reserve Component Medical/Dental Cover Sheet* signed by medical representative
- Medical claim on legible *UB-92 or HCFA 1500* signed by *physician*
- *Dental claim on legible ADA form signed by Dentist*
  - *DD Form 2642 (Patients Request for Reimbursement) or SF 1164 with proof of payment, and itemized statement*

# *Submit CLAIM for Payment of Follow Up Care*

Submit the following documents to the MMSO:

- MMSO *Reserve Component Medical/Dental Cover Sheet* signed by medical representative with **Pre-authorization number** and Date of Service
- Medical claim on *UB-92* or *HCFA 1500*
- *Dental claim on ADA form*
- *APPROVED COMPLETED LOD/NOE IF THE COMPLETED DOCUMENT WAS NOT SUBMITTED TO THE MMSO WITH THE PREAUTHORIZATION REQUEST OR WITH THE ORIGINAL ELIGIBILITY DOCUMENTATION*

# Common Problems Delaying Payment

- Incomplete Line of Duty
- Invalid or missing member's SSAN on Claim Forms
- Provider Tax Identification Number (TIN) missing on Claim Forms
- Missing provider signature on claim form
- Insufficient/wrong address on Medical Claims
- Lack of pre-authorizations for specialty care
- Medical Representative not informed of care being received until patient is sent to collections by the health care agency.
- Missing HCFA 1500, UB 92 or ADA Forms

# *Summary*

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- MMSO Medical and Dental Process Overview



**QUESTIONS?**

**<http://mmso.med.navy.mil>**